

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034461

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1358

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Springfield

Length of stay in 1b

55 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1238 S. Delaware

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY

OR TOWN Springfield

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

1238 S. Delaware

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ALBERTD.SQUIRES

4. DATE OF DEATH

Month

Day

Year

September 7 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 19, 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pres. Lumber Co.

10b. KIND OF BUSINESS OR INDUSTRY

Lumber Co.

11. BIRTHPLACE (City and state or country)

Houston, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Clay Squires

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Lois C. Squires

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lois C. Squires, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myo cardial infarction

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease14 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 6:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

Maple Park

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Jewell E. Windle Funeral Home, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jewell E. Winick

Licensed Embalmer No. 4737

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit

9-10-62